



## Statement of Organization CANDIDATE COMMITTEE

\*Please read instructions before completing this form.

Type of Statement								
<input checked="" type="checkbox"/> <b>NEW</b>  This committee is registering with the Virginia State Board of Elections for the first time.  <b>CC-15-00094</b>	<input type="checkbox"/> <b>AMENDED</b>  This committee is filing an amended Statement of Organization. <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%;">Date Changes Took Effect</td> <td style="width: 50%;">SBE-issued Committee ID</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>				Date Changes Took Effect	SBE-issued Committee ID		
Date Changes Took Effect	SBE-issued Committee ID							
Committee Information								
Committee Information	Sean Lenehan for Delegate							
	Name of Candidate Campaign Committee							
	PO Box 16133							
	Street Address/PO Box		Suite #					
	Alexandria		VA 22302					
	City		State Zip Code					
sean@seanfordelegate.com		703-402-0546						
Email Address		Daytime Phone #						
seanfordelegate.com								
Campaign Website								
Candidate Information								
Candidate Information	Lenehan		Sean		Thomas			
	Salutation	Last Name	First Name	Middle Name	Suffix			
	24 Fendall Ave							
	Residence Address		Apt #					
	Alexandria		VA 22304					
	City		State Zip Code					
	ALEXANDRIA CITY		917417560					
	County or City of Residence		Voter Identification #					
sean.lenehan@yahoo.com		703-402-0546						
Email Address		Daytime Phone #						
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.								
Election Information								
Election Information	Member House Of Delegates		House Of Delegates - 46th District					
	Office Sought		District (if one)					
	Republican		2015					
	Political Party		Year of Election					
		<input checked="" type="checkbox"/> November <input type="checkbox"/> May <input type="checkbox"/> Special						
		Type of Election						



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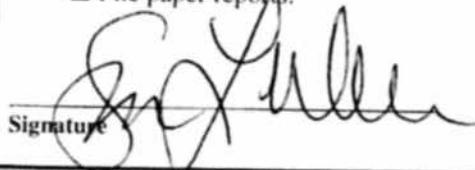
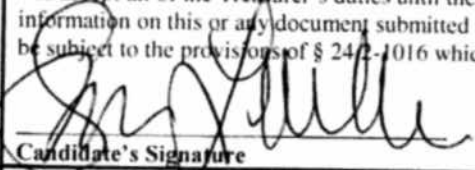
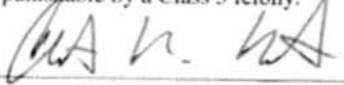
Treasurer Information				
<b>Treasurer Information</b>	<b>Marston</b>	<b>Christopher</b>	<b>M</b>	
	Salutation    Last Name	First Name	Middle Name	Suffix
	<b>110 Shooters Ct</b>			
	Residence Address		Apt #	
	<b>Alexandria</b>		<b>VA</b>	<b>22314</b>
	City		State	Zip Code
	<b>ALEXANDRIA CITY</b>		<b>917572194</b>	
	County or City of Residence		Voter Identification #	
<b>chris@electioncfo.com</b>		<b>703-627-4679</b>		
Email Address		Daytime Phone #		
<input checked="" type="checkbox"/> By checking this box, I certify that I am currently registered to vote at the address above.				
Campaign Depository				
<b>SunTrust</b>				
Name of Primary Financial Institution		Name of Other Financial Institution (if applicable)		
<b>Alexandria</b>				
City		State		
<b>VA</b>		City		State
<b>Committee Activity</b>				
<b>Dates of Activity</b>	Please provide the following dates. (If an action has not yet occurred for this committee, write "N/A")			
	Date first contribution accepted:		_____	
	Date first expenditure made:		_____	
	Date campaign depository designated:		<b>01/28/2015</b>	
	Date filing fee paid for party nomination:		_____	
	Date Statement of Qualification filed:		_____	
	Date treasurer appointed:		<b>01/28/2015</b>	

(continued on next page)



★ VIRGINIA ★  
DEPARTMENT of ELECTIONS

Statement of Organization  
Candidate

Filing Method	
Filing Method	<p>Please indicate the method by which this committee will submit all required campaign finance reports:</p> <p><input checked="" type="checkbox"/> File electronically using <b>ELECT's Electronic Filing Application</b>.</p> <p><input type="checkbox"/> File electronically using an <b>ELECT Approved Vendor</b> (Please indicate Name of Vendor: _____)</p> <p><input type="checkbox"/> File paper reports.</p> <p>Signature  Date <u>Feb 2, 2015</u></p>
Signatures	
Candidate's Signature	<p>I affirm that, to the best of my knowledge, all of the information on this form is complete and truthful. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I also understand that my Treasurer and I must truthfully report, in a timely manner, all monies and things of value which this campaign committee receives or expends. Civil penalties shall be assessed for late or un-filed reports in the manner required by the <i>Code of Virginia</i>. I further understand that if I do not appoint a treasurer, or if at any time the treasurer's position is vacant, that I, as the candidate, will assume and accept all of the Treasurer's duties until the position is filled. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Candidate's Signature  Date <u>Feb 2, 2015</u></p>
Treasurer's Signature	<p>I accept the appointment of Treasurer of this campaign committee. I understand that I am required to comply with the provisions of the Campaign Finance Disclosure Act (Title 24.2, Chapter 9.3 of the <i>Code of Virginia</i>). I understand that I must truthfully report all monies and things of value which this campaign committee receives or expends in a timely manner. Civil penalties will be assessed in the manner required by the <i>Code of Virginia</i> for late or non-filed reports. I also understand that if I provide false information on this or any document submitted to the Department of Elections or local electoral boards that I may be subject to the provisions of § 24.2-1016 which is punishable by a Class 5 felony.</p> <p>Treasurer's Signature  Date <u>2/2/15</u></p>